

N24000013662

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

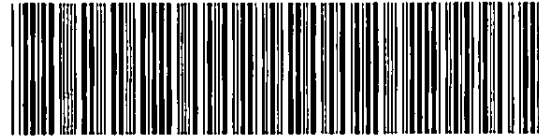
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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

## COVER LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: Passport To The Arts, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee &  
Certificate of  
Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Dare to Dream Young Girls Network,  
Name (Printed or typed) Inc.  
1839-D S. Monroe Street  
Address  
Tallahassee, FL 323  
City, State & Zip  
850-847-3875  
Daytime Telephone number  
dream@daretodreamyounggirls.com  
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

## ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

### ARTICLE I NAME

The name of the corporation shall be:

Passport To The Arts, Inc.

### ARTICLE II PRINCIPAL OFFICE

Principal street address:

1839-D S. Monroe St.  
Tallahassee, FL 32301

PO Box  
Mailing address, if different is:

44652 Post Office Box  
Tallahassee, FL 32317

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To fulfill the needs and  
to support those with creative and artistic  
skills. Educational guidance for  
troubled youth and adults.

### ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Application and appointment by members

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Kimberly Ferrell (Pres.)</u>	Name and Title:	<u>Cher Lovett (Secretary)</u>
Address:	<u>Post Office Box</u>	Address:	<u>1839-D S. Monroe St.</u>
	<u>14652</u>		<u>Tall., FL 32301</u>
	<u>Tall., FL 32317</u>		

Name and Title:	_____	Name and Title:	_____
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Address:	_____	Address:	_____
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Name and Title:	_____	Name and Title:	_____
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Address:	_____	Address:	_____
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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Kimberly Ferrell

Address: 1839-D S. Monroe St.  
Tall., FL 32301

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Dare to Dream Young Girls Network, Inc

Address: 1839-D S. Monroe St.  
Tall., FL 32301

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 11/26/24. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Kimberly Ferrell  
Required Signature of Registered Agent

11/26/24  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Kimberly Ferrell  
Required Signature of Incorporator

11/26/24  
Date

2024 NOV 26 AM 8:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED